

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/857204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
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15	/		/			
16	0	0	/			
17	0	0	/			
18	0	0	/			
19	0	0	/			
20	0	0	/			
21	0	0	/			
22	0	0	/			
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46						
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	79	0	31	0		
TOTAL CLAIMS	80	0	31	0		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY